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ABSTRACT

This annual report highlights the initiatives of the American Association of Colleges of Nursing to help member schools meet the nation's demand for innovative and expanded nursing care. Information is provided in the broad areas of: the state of the schools, setting curriculum standards, working together to advance nursing education, pursuing grant-funded initiatives, advocating for nursing education and research, enhancing data services, rewarding innovations in nursing education, hosting conferences and meetings, recognizing the Commission on Collegiate Nursing Education's (CCNE's) accrediting authority, communicating the association's mission, independent auditor's report, and governance and organization. (EV)

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American Association of Colleges of Nursing 200

ANNUAL STATE OF THE SCHOOLS

Annual Report

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Highlights of the Year

July 2000
Over 150 deans gather in Santa Fe for AACN's Summer Seminar featuring sessions on *Leading in Tough Times for Change in a Complex Environment.*

AACN in collaboration with The John A. Hartford Foundation Institute for Geriatric Nursing releases a new set of guidelines for faculty who teach geriatric care, *Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care.*

August 2000
As part of the Nurses for a Healthier Tomorrow campaign, JWT Specialized Communications completes their research into the perceptions of nursing as a career choice for American students in grades 2-10. Findings would later be shared with AACN's membership at the Fall Semiannual Meeting.

September 2000
AACN, through its membership in the Tri-Council for Nursing, issues a joint response to the Institute of Medicine's Report *To Err is Human: Building a Safer Health System.*

The association's monthly email newsletter, *AACN News Watch*, debuts.

October 2000
AACN hosts the inaugural meeting of the Community Advisory Commission convened to solicit advice and counsel from a broad range of experts on health care and higher education issues.

Five recipients of the *2000 Awards for Exceptional Baccalaureate Curriculum in Gerontologic Nursing* are announced at the Fall Semiannual Meeting.

November 2000
AACN submits a funding request to The Robert Wood Johnson Foundation to accommodate demand for ELNEC training. The proposal is accepted enabling the ELNEC program to expand its reach.

December 2000
Over 550 nursing faculty from around the country attend AACN's Third Annual Baccalaureate Education Conference held in Chicago.

January 2001
AACN, through its membership in the Tri-Council for Nursing, releases a position statement focused on *Strategies to Reverse the New Nursing Shortage.*

Proceedings from AACN's Doctoral Education Conference in January are published under the title *Envisioning Doctoral Education for the Future.*

February 2001
AACN's Institutional Data Systems releases fall 2000 data on enrollments, graduations, and faculty salaries. Data show a six-year decline in enrollments in generic baccalaureate programs.

Dean Linda C. Hodges testifies on AACN's behalf before the Senate Health, Education, Labor and Pensions Committee. Her testimony addresses *The Nursing Shortage and Its Impact on America's Health Care Delivery System.*

March 2001
Simon & Schuster publishes the new book *Ask a Nurse From Home Remedies to Hospital Care*, following a three-year collaborative effort between AACN and The People's Medical Society.

AACN hosts a Capitol Hill forum on *Strengthening the Nursing Workforce: A Showcase of Strategies* sponsored by the W.K. Kellogg Foundation and the Friends of the Division of Nursing.

AACN participates in the first meeting of the International Nursing Coalition on Mass Casualty Events and agrees to develop competencies for nurses needing to respond to crisis situations.

Dean Carole Anderson advances AACN's agenda while testifying before a House Appropriations Subcommittee on FY 2002 Appropriations for Nursing Research and Education.

April 2001
AACN joins with 22 other leading nursing associations to call on Congress to stem the nursing shortage. The coalition presented a comprehensive plan of action called *Assuring Quality Health Care for the United States: Supporting Nurse Education and Training.*

AACN supports the Nurse Employment and Education Development Act, the first comprehensive nursing shortage bill introduced in this session of Congress. The association would also signal support for the Nurse Reinvestment Act introduced the following month.

May 2001
The National Advisory Committee on Institutional Quality and Integrity concludes that CCNE is in full compliance with the Secretary's Criteria for Recognition of Accrediting Agencies.

AACN receives a grant from the Helene Fuld Health Trust to create an executive leadership institute to prepare new and aspiring nurse faculty for the role of dean.

June 2001
The John A. Hartford Foundation of New York awards AACN a $3.99 million grant that champions innovation in geriatric nursing education programs nationwide.

Three nursing students are among the recipients of the 2001 Secretary's Award for Innovations in Health Promotion and Disease Prevention.

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Our Members

In 1969, the American Association of Colleges of Nursing was established to answer the need for an organization dedicated exclusively to furthering nursing education in America's universities and four-year colleges. Representing schools of nursing at 563 public and private institutions, AACN is the national voice for baccalaureate- and graduate-degree nursing education programs.

Our Mission

AACN works to establish quality standards for bachelor's- and graduate-degree nursing education; assist deans and directors to implement those standards; influence the nursing profession to improve health care; and promote public support of baccalaureate and graduate education, research, and practice in nursing — the nation's largest health care profession.

This report highlights the association's FY 2001 initiatives to help member schools meet the nation's demand for innovative and expanded nursing care.

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Building Bridges

In August, JWT Specialized Communications, working on behalf of the Nurses for a Healthier Tomorrow coalition, released their findings on the perceptions held by elementary and middle school students about nursing. JWT had just completed a nationwide series of focus groups involving 1,800 students in 10 cities.

The results were startling. Those interviewed saw "no compelling reason to become a nurse" and viewed nursing as strictly a technical occupation as opposed to a profession. Many thought the job was "scary" and older students conveyed a sense that health care in general was a "business in turmoil." One fact became clear: these students were exposed to "virtually no positive talk about becoming nurse."

The results of the study, coupled with the reality that nursing schools have experienced a six-year decline in new enrollments, has served as a clarion call to action for the nursing profession. Our very existence and the pivotal role we now hold within the health care system is in jeopardy.

AACN has heard this call and has directed its efforts over the past year to building bridges to secure a brighter future for the profession. The association's Board of Directors, members, and staff have extended their reach to ...

- Leaders in the **nursing community** as active collaborators and colleagues on many fronts including work with the Tri-Council for Nursing, Sigma Theta Tau International, National Council of State Boards of Nursing, Division of Nursing, Association of Academic Health Centers, Nursing Practice Education Consortium, University HealthSystem Consortium, Nursing Overseas, and other groups.
- **Elected officials** in an effort to influence and enact legislation that addresses the nursing shortage and supports nursing education.
- Stakeholders within the **health care community** at large through the creation of the Community Advisory Commission.
- Nurse **educators** with the establishment of curriculum guidelines in the areas of geriatric care, women's health, mass casualty events, and liberal arts education.
- Private **foundations** that support nursing initiatives in an effort to improve geriatric and end-of-life care, prepare new nurse leaders, and expand opportunities for community-based education.
- The health care-receiving **public** through the publication of the association's new reference book *Ask a Nurse: From Home Remedies to Hospital Care*.
- Potential **nursing students** through the association's active role with Nurses for a Healthier Tomorrow and the Secretary's Award for Innovations in Health Promotion and Disease Prevention.

As nurse leaders and educators, you are in a unique position to alter perceptions and explode stereotypes attached to the nursing profession. You know firsthand that nurses make a real difference and touch people's lives, often at their most desperate and personal moments. Nurses are responsible for innovations in health care and are often the change agents leading the charge to improve the delivery of care. Nurses are leaders, administrators, researchers, educators, politicians, caregivers, and mentors. We must spread the word.

AACN invites all of its members and the entire nursing community to answer this call to action and seek out new ways to reinvigorate the profession and practice of nursing. Together we can span these troubled waters and position nursing as a career destination of choice for students seeking a dynamic, rewarding profession.

Carolyn A. Williams, PhD, RN, FAAN
President

Geraldine Bednash, PhD, RN, FAAN
Executive Director

Carolyn A. Williams and Geraldine Bednash

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Assessing the Annual State of the Schools

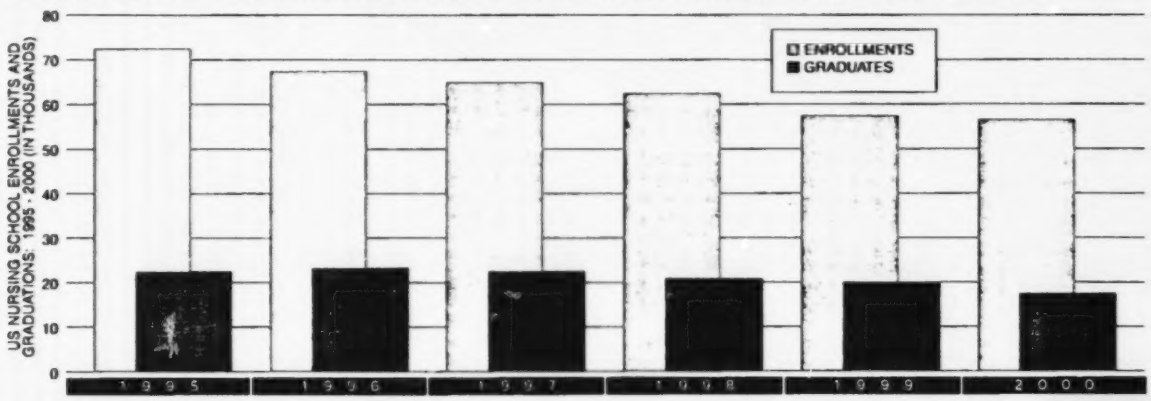
AACN's Institutional Data Systems (IDS) and Research Center is the nucleus of the association's authoritative national databank. Annually, IDS reports the most current statistics available on student enrollment, graduations, and faculty salaries pertaining to baccalaureate and higher degree schools of nursing.

BACCALAUREATE ENROLLMENTS DOWN FOR SIXTH YEAR Enrollments in undergraduate nursing programs declined in 2000 even though the demand for baccalaureate-prepared nurses continues to accelerate across the country. Enrollment of nursing students in entry-level bachelor's-degree programs fell by 2.1 percent from 1999 to 2000, following a 4.6 percent drop in enrollments from 1998 to 1999.

Declines in entry-level baccalaureate nursing enrollments were seen in every region in fall 2000 except the West, which realized an increase of less than 1 percent (0.9 percent). Other regions saw decreases ranging from 1.2 percent in North Atlantic schools to 4.7 percent in Midwest schools.

Trend analysis shows that enrollments in entry-level baccalaureate programs in nursing have declined for the sixth consecutive year. Since 1995 enrollees have declined 21.1 percent; graduates have declined 16.5 percent. On the average over the six-year period, the number of enrollees and graduates have declined by 3,151 and 812 each year, respectively. To account for variances in the number of schools reporting, AACN identifies trends by tracking the same group of schools for the past six years. The 1995-2000 cohort contains 326 schools. **(See Figure 1)**

Figure 1
SIX-YEAR ENROLLMENT AND GRADUATION TRENDS IN ENTRY-LEVEL BACCALAUREATE NURSING PROGRAMS*



*326 schools reporting each year for the past six years.

Source: American Association of Colleges of Nursing.

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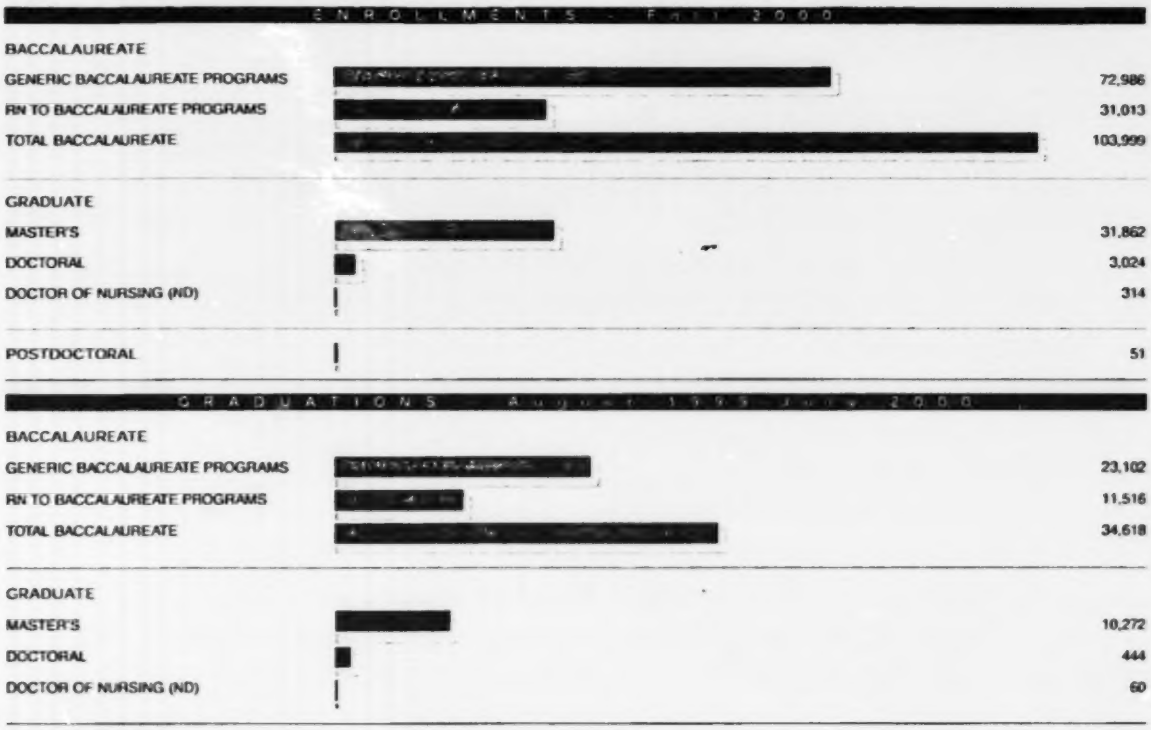
Figure 2
YEAR AT A GLANCE: ENROLLMENTS AND GRADUATIONS IN NURSING PROGRAMS



Based on a 78.8% survey response rate.
Source: American Association of Colleges of Nursing. *2000-2001 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing.*

Overall, schools responding to the AACN survey reported 103,999 students enrolled in bachelor's-degree nursing programs in fall 2000. Included in this total are 72,986 entry-level students and 31,013 registered nurses (with two-year associate degrees or hospital diplomas) who returned to school to obtain the bachelor's degree in nursing in RN-to-Baccalaureate programs. Between August 1999 and July 2000, 23,102 students graduated from entry-level baccalaureate programs at responding schools. **(See Figure 2)**

RN-TO-BACCALAUREATE ENROLLMENTS DOWN ACROSS THE U.S.

Enrollments in RN-to-Baccalaureate programs saw a significant decline in fall 2000 with enrollments down in every region of the country. Nationally, enrollments declined by 7.2 percent below the year before. Enrollments declined 8.3 percent in the South, 8 percent in North Atlantic schools, 5.6 percent in the Midwest, and 5.4 percent in Western states.

RN-to-Baccalaureate programs graduated 11,516 students at responding schools between August 1999 and July 2000. In a matched sample of schools reporting in both 1999 and 2000, the ranks of RN-to-Baccalaureate graduates fell by 0.4 percent.

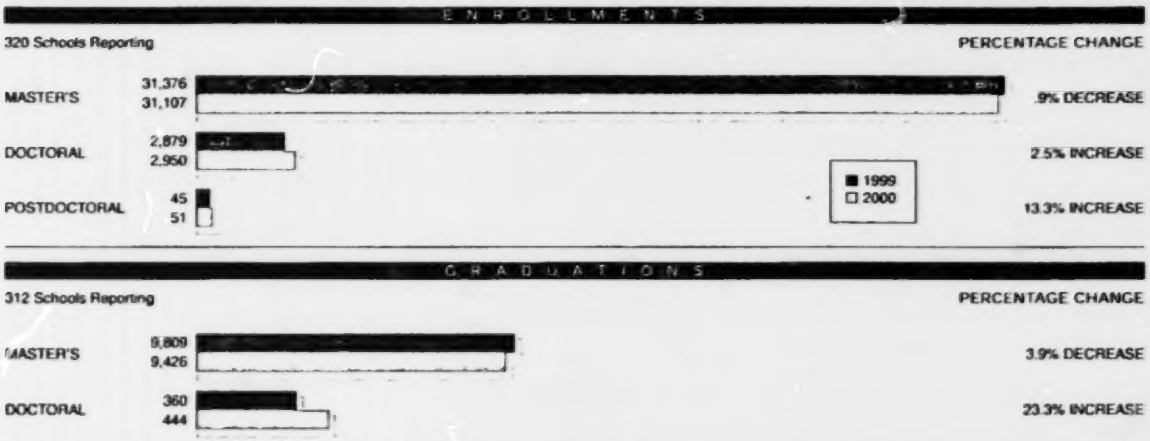
DECLINING ENROLLMENTS MODERATE IN MASTER'S PROGRAMS

Master's-degree enrollments at nursing schools declined by 0.9 percent this year, compared to a 1.9 percent drop in fall 1999. **(See Figure 3)** However, master's-degree enrollments did grow in some regions. Although the number of master's students fell by 3.6 percent in North Atlantic nursing schools and by 2.2 percent in Southern states, enrollments increased by 4.5 percent in the West and rose slightly by 0.7 percent in the Midwest.

In master's-degree nursing programs, which prepare advanced practice clinicians in a wide array of specialties as well as administrators and educators, enrollments totaled 31,862 students in fall 2000. Master's programs graduated 10,272 students between August 1999 and July 2000. For schools reporting in both 1999 and 2000, the number of master's-degree graduates fell by 3.9 percent.

ENROLLMENTS RISE IN DOCTORAL PROGRAMS Meanwhile, in doctoral nursing programs, where growth had remained essentially flat for the last five years, enrollments rose by 2.5 percent (71 students) in fall 2000 compared to the previous academic year, the AACN survey found. **(See Figure 3)**

Figure 3
TWO-YEAR ENROLLMENT AND GRADUATION TRENDS IN GRADUATE AND POSTDOCTORAL NURSING PROGRAMS



Source: American Association of Colleges of Nursing, *2000-2001 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing.*

Doctoral programs were the only degree tracks in every region to *not* post enrollment declines compared to the previous year. Nursing schools in the Midwest saw the highest doctoral enrollment gains (up by 4.5 percent), followed by increases of 4.0 percent in the South and 0.4 percent in the West. There was no change in enrollments in North Atlantic schools.

Enrollments in doctoral nursing programs totaled 3,024 students nationwide in fall 2000. Responding schools graduated 444 students with doctoral degrees between August 1999 and July 2000, with the ranks of doctoral graduates climbing by 23.3 percent (84 individuals) in a matched group of schools reporting in both years.

FACULTY SHORTAGES IMPACT ENROLLMENTS Faculty shortages at nursing schools across the country contributed to the overall decline in new enrollments in nursing programs. In the 2000-2001 academic year, nursing schools turned away 5,823 qualified students across the nation due to insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints.

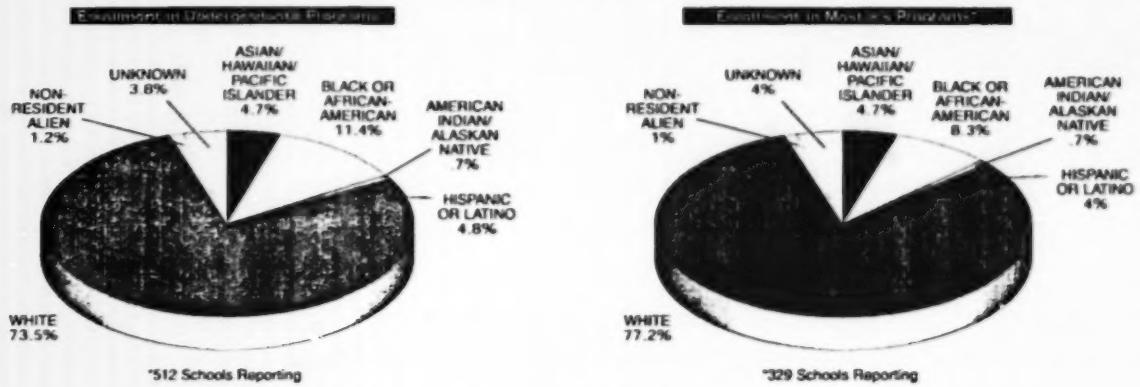
More than a third (38.8 percent) of responding schools pointed to faculty shortages as a reason for not accepting all qualified applicants into generic entry-level baccalaureate programs. Reasons cited for the insufficient number of faculty included budgetary constraints (83 percent); inability to recruit faculty due to competition for jobs with clinical service agencies (44.7 percent) and qualified applicants unavailable in the geographic area (38.3 percent).

Other reasons cited for not accepting all qualified applicants included admission seats filled (57.9 percent); insufficient clinical sites (23.1 percent); insufficient classroom space (18.2 percent); insufficient clinical preceptors (9.9 percent); and budgetary constraints/insufficient resources (2.5 percent).

Higher compensation in clinical and private-sector consulting and research settings is luring current and potential nurse educators away from teaching. According to a Special Survey on Vacant Faculty Positions released by AACN in October 2000, 379 faculty vacancies were identified in 220 respondent schools out of a surveyed universe of 553 schools of nursing. Sixty-four percent of these vacancies were for individuals with the doctoral degree.

MINORITY REPRESENTATION CONTINUES TO GROW Representation of racial/ethnic minority groups in nursing programs continues to be higher than in other health professions. Minority group members represented 21.6 percent of the undergraduate student population as compared to 10.5% of medical school and 11% of dental school enrollees. **(See Figure 4)**

Figure 4
RACIAL/ETHNIC DIVERSITY IN NURSING EDUCATION PROGRAMS, FALL 2000



Source: American Association of Colleges of Nursing, *2000-2001 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing.*

In 2000-2001, minority group representation in baccalaureate programs was distributed as follows: 4.7 percent Asian, Native Hawaiian or Other Pacific Islander; 11.4 percent Black or African American; 0.7 percent American Indian or Alaskan Native; 4.8 percent Hispanic or Latino; and 1.2 percent Non-Resident Alien. Collectively, nursing school enrollees from racial/ethnic minority groups increased 0.8 percent in generic entry-level baccalaureate programs, 1.3 percent in master's programs, and a slight 0.1 percent increase in doctoral programs.

Men continue to be underrepresented in nursing schools with only 9 percent of students in baccalaureate programs being male.

FACULTY AGE CLIMBS Faculty age continued to climb narrowing the number of "productive" years nurse educators can teach. The median age in 2000-2001 was 51 reflecting a 1 year increase over 1999-2000. The average age of doctorally-prepared nurse faculty holding the ranks of professor, associate professor, and assistant professor were 55.9, 53.2, and 50.0 years, respectively.

Based on responses from 513 member and non-member schools of nursing, the population of full-time nurse faculty members is set at 9,457. The nurse faculty population is predominately comprised of females (96.5 percent) and of students from non-minority backgrounds (90.8 percent White). Approximately half of all nursing school faculty (49.9 percent) hold doctoral degrees. **(See Figure 5)**

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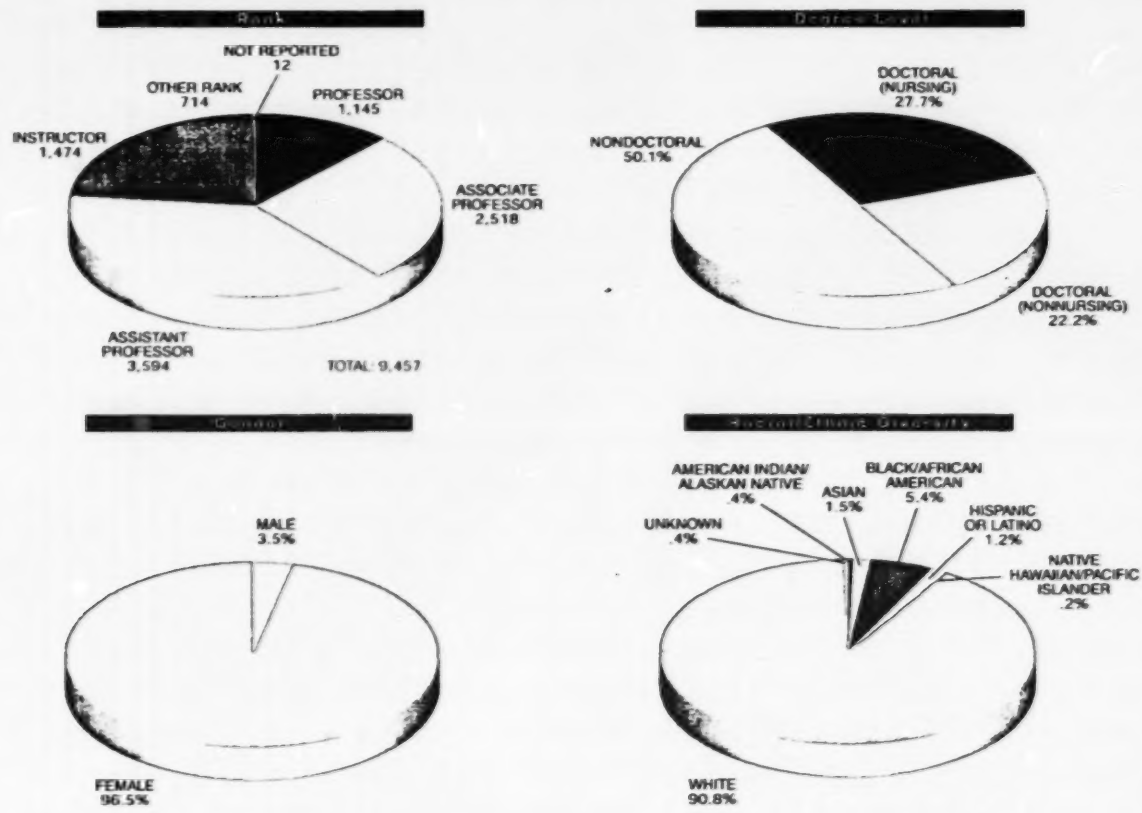
Figure 5
SELECTED CHARACTERISTICS OF NURSING SCHOOL FACULTY*



*513 Schools Reporting

Source: American Association of Colleges of Nursing. *2000-2001 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing.*

DATA REPORTS Findings explored in the 2001 State of the Schools are based on responses from 529 (78.8 percent) of the nation's nursing schools with bachelor's- and graduate-degree programs that were surveyed in fall 2000. Data reflect actual counts; projections are not used. Complete survey results are compiled in three separate reports:

- *2000-2001 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*
- *2000-2001 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing*
- *2000-2001 Salaries of Deans in Baccalaureate and Graduate Programs in Nursing*

Setting Curriculum Standards

AACN's curriculum standards provide a framework for positioning baccalaureate- and graduate-degree nursing programs to meet the health care challenges of a new century.

GERIATRIC NURSING CARE In July 2000, AACN and The John A. Hartford Foundation Institute for Geriatric Nursing released guidelines to ensure that baccalaureate nursing graduates have the skills to provide necessary geriatric care for the nation's aging population. The guidelines, *Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care*, were designed to work hand-in-hand with AACN's *Essentials of Baccalaureate Education for Professional Nursing Practice*, the comprehensive standards that define the fundamental knowledge, values, and core competencies expected of bachelor's-degree nursing graduates.

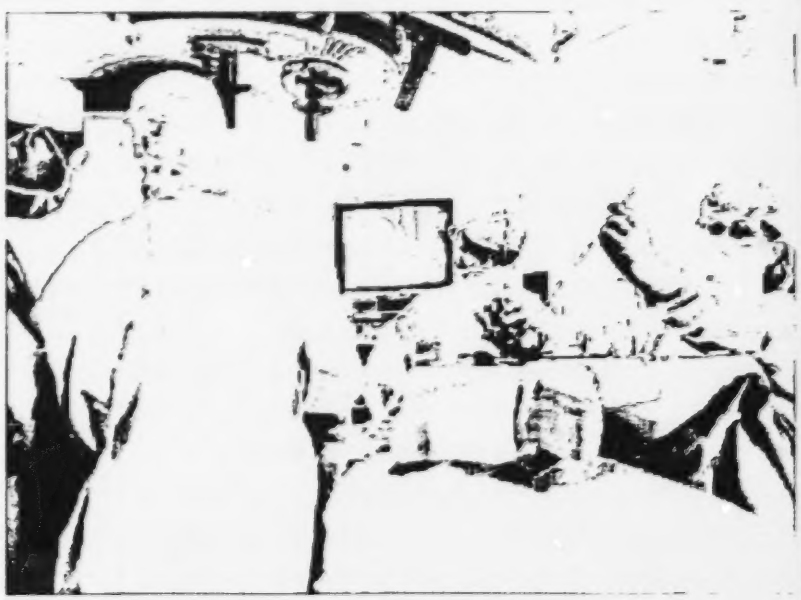
Older Adults was developed in collaboration with the project's National Expert Panel for Baccalaureate Competencies in Geriatric Nursing, a 25-member task force of leading nurse educators, clinicians, and representatives from an array of health care organizations. The new guidelines define 30 clinical competencies necessary for nurses to provide high-quality care to older adults and their families. In addition, *Older Adults* suggests content and teaching strategies in critical thinking; communication; assessment; health promotion, risk reduction, and disease prevention; health care system and policy; and nine other core competency areas identified in the *Baccalaureate Essentials*, and recommends steps for integrating these concepts throughout the nursing curriculum.

WOMEN'S HEALTH CONTENT AACN completed a landmark report on *Women's Health in the Baccalaureate Nursing School Curriculum* that was supported by five federal agencies: the Health Resources and Services Administration's (HRSA) Division of Nursing, HRSA's Office on Women's Health, the National Institutes of Health's Office of Research on Women's Health, National Institute of Nursing Research, and the Department of Health and Human Services' Office on Women's Health. Based on a 1999 AACN survey of schools of nursing with baccalaureate nursing programs, the report describes the women's health content included in baccalaureate nursing programs. The report also includes recommendations for strengthening nursing education curriculum in the area of women's health.

Some of the key findings of the report include:

- *Of the 334 schools responding to the survey, all schools included the "impact of race/ethnicity/culture on health status, health beliefs and behaviors, and health care utilization" in the curriculum;*
- *95% of all responding schools included "health consequences of domestic violence" in the required curriculum content; and*
- *92% of all responding schools included "health consequences of rape" in the required course content.*

The final report was submitted to the Government Printing Office in May with free copies now available on request by calling 1-888-ASK-HRSA.



MASS CASUALTY EVENTS AACN has been actively involved in the International Nursing Coalition for Mass Casualty Education (INCMCE), a group of national nursing, accrediting, and health organizations convened to create the resources needed to train nurses to provide emergency care during mass casualty events including bioterrorism. Though nursing always has been a key part of the nation's emergency response system, many currently practicing nurses have no training in or experience with emergency preparedness.

AACN is leading the efforts to develop competencies for both practicing nurses and those new to the profession to prepare them to respond effectively to bioterrorism or other mass casualty events. AACN staff is guiding the efforts of a wide array of specialty groups to develop competencies for nurses in emergency rooms, critical care settings, community health care agencies, and other settings to ensure that nurses are prepared to provide quick response in the event of nuclear, biological, and chemical mass casualty events.

The first meeting of the INCMCE was held at Vanderbilt University School of Nursing in Nashville in March 2001. In addition to AACN, the Coalition includes representatives of the American Academy of Nurse Practitioners, American Nurses Association, Commission on Collegiate Nursing Education, Federal Bureau of Investigation National Domestic Preparedness Office, National Council of State Boards of Nursing, National League for Nursing Accreditation Council, the U.S. Air Force, Navy and Army Nurse Corps, and the U.S. Public Health Service.

INTEGRATING LIBERAL ARTS INTO NURSING EDUCATION This year, AACN began working with the Association of American Colleges and Universities (AAC&U) and the higher education community on integrating liberal arts education into the professional curriculum including nursing. A branch of AAC&U's national initiative known as *Great Expectations: The Commitment to Quality as a Nation Goes to College*, the Project on Accreditation and Assessment was formed to influence revisions in accreditation processes to place greater emphasis on liberal learning outcomes. Those involved in this project include all six regional accrediting associations, five specialized accreditors (for engineering, education, business, nursing, and liberal education), and representatives from 10 higher education associations. The project has issued draft documents of 1) shared understandings of the desired outcomes of a liberal education, 2) curricular design principles that can help students reach these desired outcomes, and 3) criteria for "good practice" in assessing liberal education as collaborative and integrative. Final versions of these documents will be made available online through AAC&U's Web site at http://www.aacu.org.

TASK FORCES FOCUS ON PRACTICE ENVIRONMENT AACN's Task Force on Hallmarks of Professional Practice, chaired by Karen Miller, University of Kansas Medical Center School of Nursing, is developing a white paper to describe the attributes of clinical settings that allow baccalaureate and higher-degreed nurses to engage in the full range of professional practice. The task force will consider those elements of clinical practice that differentiate nurses prepared at the baccalaureate or higher-degree level and the types of practice opportunities that should be provided to fully utilize the skills of these professional clinicians. A final report is expected to be presented to the membership in March 2002.

The Task Force on Education and Regulation for Professional Nursing Practice, chaired by AACN president-elect Kathleen A. Long, is identifying issues that must be addressed to develop a credentialing mechanism that recognizes the differentiated competencies of entry-level nurses prepared at the baccalaureate or higher-degree levels. The panel will also make recommendations to the AACN Board about what measures the association should take to facilitate implementation of a differentiated credentialing mechanism. A report will be made to the Board by summer 2001.

The Task Force to Revise Quality Indicators for Doctoral Education, chaired by Sandra Edwardson, University of Minnesota School of Nursing, has finished the revised position statement on *Indicators of Quality in Research-Focused Doctoral Programs in Nursing*. The updated indicators reflect changes in the growth and number of doctoral programs since the adoption of the last set of doctoral indicators in 1993. The indicators are posted on the Web site at http://www.aacn.nche.edu/Publications/positions/qualityindicators.htm.

Working Together to Advance Nursing Education

AACN actively pursues collaborative initiatives and opportunities that support our mission and advance the goals of nursing education, practice, and research.

THE COMMUNITY ADVISORY COMMISSION The AACN Board of Directors established the Community Advisory Commission (CAC) to seek guidance and advice about AACN's goals and strategic initiatives from a broad range of experts. The first meeting of the CAC was held in October 2000 and included representatives from nursing practice, higher education, the health care industry, health policy, and the media. Specific members included the Association of Academic Health Centers, Institute of Medicine, RWJ Executive Nurse Fellowship Program, and the American Hospital Association among others.

Discussion focused on the new nursing shortage in the face of declining student enrollments. CAC members suggested that AACN focus its attention on enhancing nursing's public image, generating a wide awareness of the scope of career opportunities in professional nursing, and boosting nursing school enrollments in both baccalaureate- and graduate-degree programs. Commission members warned that the challenges facing nursing today are significant enough to force the profession to "raise the bar" and seek bold solutions. A monograph was developed from the inaugural CAC meeting and is now available on the Web at http://www.aacn.nche.edu/Publications/cacreport.htm.

THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING In October 2000, AACN met with the National Council of State Boards of Nursing (NCSBN) in Chicago to share ideas and perspectives on two very important topics. First, AACN discussed a possible connection between the association's newly formed Task Force on Education and Licensure and NCSBN's task force charged with clearly delineating and establishing congruence between education, practice, and regulation for the respective roles of all nurses. AACN shared with the National Council's board the rationale that led to the establishment of AACN's task force and signaled a desire for the two task forces to work together.

Issues related to the NCLEX-RN® was the other major topic of discussion. AACN's board questioned the advisability of increasing the difficulty of the NCLEX-RN® exam at this time, a matter that the council's board currently has under consideration and about which a decision will be made in the near future. We argued that if the board decides to move forward in implementing such a plan, it would be desirable for schools to begin sufficient forewarning with proactive measures that would support students in preparing for the exam. It was mutually agreed that our meeting was beneficial and that further dialogue would be desirable.

ASSOCIATION OF ACADEMIC HEALTH CENTERS In May 2001, AACN joined the Association of Academic Health Centers (AHC) to sponsor the Friends of the National Institute of Nursing Research 2001 Congressional Briefing. Nurse researchers Linda Aiken and Peter Buerhaus presented their findings about the impact of nurse staffing on quality of care. Dr. Aiken discussed her recently released study, *Nurses' Reports on Hospital Care in Five Countries* and offered suggestions for federal responses to address the nursing shortage. Dr. Buerhaus suggested ways to increase the supply of RNs that included improving the image of nursing, reducing the costs of education, eliminating stigmas and barriers for men and minorities, developing ways to keep older RNs in the workforce, and anticipating and preparing foreign educated RNs.

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AACN is also working with AHC to increase access to health care through the *Academics for Access to Health Care Initiative*. Supported by a broad-based coalition of higher education leaders and organizations, this initiative seeks to provide health care coverage for all Americans and reduce the size of our nation's uninsured population.

NURSING PRACTICE EDUCATION CONSORTIUM AACN continues to be an active participant of the Nursing Practice Education Consortium (N-PEC) formed in 1997 by the major nursing organizations to position nursing education and practice to respond to the health care needs of the future. Members of the consortium are: AACN, American Academy of Nursing, American Nurses Association, American Organization of Nurse Executives, American Public Health Association, Public Health Nursing Section, Association of State and Territorial Health Directors of Nursing, National Organization for Associate Degree Nursing, National League for Nursing, and Sigma Theta Tau International, which is coordinating the effort.

N-PEC's current work, supported by a planning grant from The Robert Wood Johnson Foundation, focuses on developing a plan for a model for nursing practice and education that distinguishes levels of competencies in nursing practice and concomitant levels of educational preparation.

UNIVERSITY HEALTHSYSTEM CONSORTIUM AACN continues its work with the University HealthSystem Consortium (UHC), an alliance of the clinical enterprises of university hospitals based in Chicago. Through a joint working group, the two organizations are developing short-term strategies to improve the attractiveness and receptivity of the practice environment for new baccalaureate graduates. Ideas being considered include a pilot demonstration of a model post-baccalaureate residency program, differentiated interview procedures for graduates of baccalaureate programs, the development of differentiated expectations for clinical experiences for baccalaureate students as compared to AD students, acknowledging degrees on name tags, and exploring the costs associated with increasing the size of baccalaureate classes.

Together AACN and UHC are addressing workforce concerns by supporting the preparation and practice of baccalaureate graduates. We found UHC's interest in hiring baccalaureate graduates, in increasing their presence in UHC health centers, and their concern about undergraduate enrollments very gratifying.

In April 2001, AACN participated in a forum in Atlanta sponsored by the UHC. Approximately 60 deans and chief nurse officers met to discuss options to expand capacity in baccalaureate nursing programs and improve the work environment for baccalaureate and higher degree prepared nurses. Two major demonstration initiatives have been developed and will be initiated in the fall.

TRI-COUNCIL FOR NURSING AACN continues its active participation with the Tri-Council for Nursing, an alliance of four autonomous nursing organizations (AACN, ANA, AONE, and NLN), focused on leadership for education, practice, and research. Jointly, the Tri-Council issued two position statements over the past year. In September 2000, the alliance released a Response to the Institute of Medicine's (IOM) Report *To Err is Human: Building a Safer Health System*. The IOM report captured the attention of every health care stakeholder in the country, from health care professionals to the White House to the U.S. Congress. Tri-Council members have long considered the impact and outcomes of nursing interventions in health care delivery, health status and organizational function. Because of this focus, the Tri-Council's consensus statement articulated the role of nursing in addressing and preventing medical error.

Recognizing the looming nursing shortage, the Tri-Council issued a position statement in January 2001 that addressed *Strategies to Reverse the New Nursing Shortage*. This statement outlined shortage indicators, identified emerging trends, and discussed strategies to confront the shortage including changes in the workplace, education, legislation, technology, research, and data collection.

FRIENDS OF THE DIVISION OF NURSING AACN formed a strategic alliance with the Friends of the Division of Nursing in an effort to strengthen ties and further common goals. The Friends is an autonomous, advocacy group that supports the work of the Division of Nursing, an arm of the U.S. Department of Health and Human Services' Bureau of Health Professions.

Under this new partnership, AACN acts as the umbrella organization for the Friends and works in tandem with this group to support the mission of the Division of Nursing. In March 2001, AACN and the Friends held their first joint function, a Capitol Hill forum on *Strengthening the Nursing Workforce*, to raise awareness of federally funded programs that have been effective in promoting nursing education and encouraging careers in nursing. Dorothy L. Powell, Howard University School of Nursing, represents AACN in this alliance.

NATIONAL HEALTH SERVICE CORPS In April 2001, over 80 nurse practitioner faculty members met in San Antonio for the 10th Annual Nurse Practitioner Faculty Advocate (NPFA) Network Meeting sponsored by AACN and the National Health Service Corps (NHSC). A major focus was on how the NHSC and faculty advocates can work together to better serve communities in need. The highlight of this year's meeting was an enlightening presentation by Viola Gomez, a rural health administrator and outreach worker as well as a migrant farm worker. The faculty advocates also heard from agency representatives and recent scholarship and loan repayment recipients about their experiences with the NHSC and working with underserved communities. First developed in 1991 through NHSC funding, the NPFA Network is comprised of representatives from schools with graduate NP programs. The network provides a link between the NHSC, AACN, community-based health care institutes, and graduate NP programs.

NURSING OVERSEAS On the international front, AACN became a founding sponsor of Nursing Overseas, the newest division of Health Volunteers Overseas, which is dedicated to advancing professional nursing education around the world. This organization works with the indigenous nursing care community to develop standards of nursing practice and education. AACN representatives on the Steering Committee include Andrea Lindell, University of Cincinnati College of Nursing; Kathleen Andreoli, Rush University College of Nursing; Jill Derstine, Temple University Department of Nursing; Patricia Jones, Loma Linda University School of Nursing; Marie O'Toole, Rutgers, The State University of New Jersey Department of Nursing; and Linda Berlin, AACN's Director of Research and Data Services. Announcements about volunteer opportunities supported by this group are listed online at www.hvousa.org.

NURSES FOR A HEALTHIER TOMORROW AACN serves on the executive committee of Nurses for a Healthier Tomorrow (NHT), a coalition of 32 nursing and health care organizations working together to address the nursing shortage and boost the attractiveness of nursing as a profession. This year, NHT prepared a national media outreach campaign that included a 30-second public service announcement (PSA) distributed to television stations across the country and seven print ads that schools may download and place in publications as paid or non-paid advertising. The coalition's updated Web site, www.nursesource.org, also was unveiled this year and features the latest news on the campaign as well as resource information for potential nursing students.

Nurses for a Healthier Tomorrow

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Pursuing Grant-Funded Initiatives

Grant funding is essential to AACN's ability to meet mission objectives and expand the association's reach into key areas of member interest. In addition to the continuation of the Colleagues in Caring project funded by The Robert Wood Johnson Foundation, AACN has pursued grant funding opportunities that resulted in significant awards in the areas of end-of-life care, leadership development, geriatric nursing education, and community-based education.

END-OF-LIFE NURSING EDUCATION CONSORTIUM (ELNEC) Having secured grant funding from The Robert Wood Johnson Foundation the previous year, AACN and The City of Hope National Medical Center embarked on a national training program in end-of-life nursing care. The 3-1/2 year effort was launched to develop a core of expert nursing faculty in end-of-life care, and to coordinate national nursing efforts related to end-of-life education.

The End-of-Life Nursing Education Consortium (ELNEC) has developed a training curriculum for bachelor's- and associate-degree nursing faculty, as well as for nurses who teach in continuing education programs provided by colleges and universities, hospitals, hospices, specialty nursing organizations, and private continuing education providers.

Response to the initial call for applications for the first two ELNEC training sessions was overwhelming with more than 400 application submitted for 200 seats. In November, AACN requested and later received $847,000 in additional funding from The Robert Wood Johnson Foundation to offer additional training sessions to meet the demand. As a result, two additional courses for faculty were scheduled in 2001, enabling all who applied to attend a course. In addition to courses for BSN and AD faculty, two training sessions for continuing education/staff development educators also were scheduled.

To better communicate with trainers, the *ELNEC Connections* newsletter was developed to spotlight the application of ELNEC principles, provide resource listings, and share news in the area of end-of-life care. The newsletter is published quarterly.

BUILDING ACADEMIC LEADERSHIP CAPACITY In April 2001, AACN received a grant from the Helene Fuld Health Trust to address the shortage of nursing school deans. This unique award enabled AACN to create an executive leadership institute tailored specifically to meet the needs of those new to the role of nursing school dean and nursing faculty aspiring to this role.

The executive leadership institute is designed to equip the nurse leader for the challenging role as chief executive, mentor, collaborator, change agent, and role model. This professional development experience will encompass an assessment and evaluation of leadership skills, opportunities for strategic networking and case study development, consultation to achieve long-term goals, and identification of key partnerships. This competitive fellowship grant will fund up to 60 participants with the institute, which is scheduled to begin in spring 2002.

GERIATRIC NURSING EDUCATION PROJECT In May, The John A. Hartford Foundation of New York awarded a $3.99 million grant to AACN in support of the Geriatric Nursing Education Project. Through a competitive RFP process, grant monies were made available to all baccalaureate and graduate schools of nursing to develop geriatric curriculum and clinical innovations to improve nursing care to older adults. Awards will be provided to 20 baccalaureate nursing programs and 10 advanced practice nursing programs.

Award recipients will generate a broad array of products and models that will be disseminated to the full body of collegiate nursing programs. The expectation is that the work of the awardees will be replicated and improved upon many times over to create a continuously evolving education model to promote quality care for older Americans.

COMMUNITY-BASED EDUCATION This year the Helene Fuld Health Trust-funded project, Curriculum and Faculty Development in Community-Based Care for Undergraduate Nursing Education, was completed. One key initiative under this grant was the publication of the monograph, *Implementing Community-Based Education in the Undergraduate Nursing Curriculum.*

However, a continuation two-year award was received from the Helene Fuld Health Trust to fund additional initiatives related to community-based baccalaureate nursing education. Several plenary and abstract sessions on community-based education were presented at the annual AACN Baccalaureate Conference in December 2000. Additional initiatives include the creation and maintenance of a community-based education listserv, and a pre-conference on community-based education at the 2001 AACN Baccalaureate Conference. A Faculty Guidebook on community-based education to be used with the community assessment video produced as part of the first Helene Fuld Health Trust grant will be completed in Spring 2002.

"In the short term, nursing, as well as others concerned about the delivery of health care, must engage in a dramatic reevaluation of how nurses are educated, credentialed, and employed. In particular, employers need to create professional work environments that promote good nursing practice; that validate the contributions of nurses to high-quality, cost-effective health care; and that recognize and reward the contributions nurses make to the very well-being of hospitals and health care systems themselves."

Carolyn A. Williams, AACN President
From her article, *The RN Shortage: Not Just Nursing's Problem*, Academic Medicine, March 2001

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Advocating for Nursing Education and Research

AACN is actively working with Congress to influence and enact legislation that supports nursing education, practice, and research. The association's two-pronged effort to address the nursing shortage involves (1) boosting funding levels for existing programs and (2) creating new programs and authorizing legislation.

NURSING SHORTAGE DOMINATES LEGISLATIVE AGENDA The emerging nursing shortage has captured the attention of Congress this year. With enrollments in nursing schools in a six-year decline at a time when more nurses are needed, legislators understand that something must be done to feed the educational pipeline to ensure a future supply of care providers.

Former Congressman Alan Wheat (D-MO) consults with AACN on appropriations impacting nursing education and research.

Building on this heightened awareness of the need to support nursing education programs, AACN advanced legislative strategies to address the nursing shortage including increasing funding for existing Title VIII programs; expanding the reach of the Nurse Education Act to include a fast-track faculty development program, a capitation grant program, post-baccalaureate residencies, and other innovations; recognizing nursing in the Consolidated Health Centers Program; and increasing funding for the National Institute of Nursing Research.

Staff have met with success in getting the fast-track faculty program into bills sponsored by Representative Lois Capps (D-CA), the Nurse Reinvestment Act (H.R. 1436), and Senator Tim Hutchinson (R-AR), Nurse Employment and Development Act (S. 721). Lobbying efforts will increase as AACN staff work independently and in coalition to find cosponsors for nursing shortage bills. Staff will continue to work with various offices to introduce more targeted legislation on post-BSN residency programs and capitation grant programs.

To further support AACN's efforts, Linda C. Hodges, College of Nursing of the University of Arkansas for Medical Sciences, presented testimony before a Senate committee on *The Nursing Shortage and Its Impact on America's Health Care Delivery System.*

In April AACN, working with a coalition of 22 other nursing associations, presented a comprehensive legislative plan of action to Congress to stem the nursing shortage. This consensus document, *Assuring Quality Health Care for the United States: Supporting Nursing Education and Training,* contained all of AACN's new legislative initiatives to address the shortage.

ROUNDING OUT THE LEGISLATIVE AGENDA This year, AACN lobbied to increase funding through Title VIII for nursing education programs, nurse-managed health centers and nursing student loans and scholarships. This annual effort requires ongoing education and lobbying throughout the budget and appropriations processes.

Through the joint efforts of a congressional consultant, member deans and AACN staff, appropriations for the National Institute of Nursing Research (NINR) were increased to $104.37 million, a $14.83 million or 16.6 percent increase over the FY 2000 level. To further this effort, Carole Anderson, College of Nursing at The Ohio State University, provided testimony before the House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies in March 2001 on appropriations for nursing research and education in FY 2002.

The Governmental Affairs staff also worked with other nursing organizations to ensure fair reimbursement for services provided by advanced practice nurses. Staff closely monitored reimbursement regulations and worked to insert 'physician to health care professional' language changes in patients' bill of rights legislation. Staff worked to maintain the National Health Service Corp (NHSC) reauthorization to retain the 10-year set-aside for nurse practitioners' and certified nurse midwives' scholarship and loan programs.

As always, AACN will support efforts to increase practice authority and reimbursement for advanced practice nurses, and monitor antitrust legislation. Payment for costs incurred by hospitals for educating all nurses in their education and training will continue to be addressed with MedPAC as well as through legislative authority. AACN is investigating the possibility of changing requirements by legislation or regulation so that Nurse Managed Health Centers may obtain Federally Qualified Health Center status.

Governmental Affairs staff will continue to maintain a high profile in coalitions advancing health and nursing research, research ethics, and Title VII and VIII programs. Scholarships for Disadvantaged Students and the Agency for Healthcare Research and Quality are other existing programs and Agencies that require continued monitoring and lobbying efforts to increase their funding.

A CALL TO ADVOCACY Deans from around the country have joined in AACN's governmental affairs initiative by advocating for nursing education at the national, state, and local levels. To assist members in their efforts, AACN has developed fact sheets, legislative summaries, and a new Write to Congress feature that allows members to identify and reach legislators using an Internet-based tool found on the association's Web site. Staff will continue to bring multiple sources of funding and grant opportunities to AACN members' attention in the Opportunity Alerts section of the Web site, and will also expand the new Nursing Shortage Resource on the Web as well. For the latest on Governmental Affairs activities, see http://www.aacn.nche.edu/Government/index.htm.

"Federal government agencies and professional associations concur that the current shortage represents not only the need for more registered nurses, but for better educated nurses – those with baccalaureate, master's and doctoral degrees. Today's nurses must have critical thinking skills and in-depth knowledge to assess problems and intervene to prevent life-threatening complications."

Kathleen A. Long, AACN President-Elect
Quoted in *The Gainesville Sun*, June 17, 2001

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Enhancing Data Services

AACN members, policy makers, media contacts, and the health care community at-large have come to rely on the association's Institutional Data Systems (IDS) as the primary source for trend and statistical information related to nursing higher education. IDS data are used extensively in preparing reports and shaping policy decisions, and are often cited in research journals and media reports. IDS received international exposure in June at the International Council of Nurses' 22nd Quadrennial Conference in Copenhagen where staff members Linda Berlin and Janis Stennett gave a presentation on *The Transition of a National Survey Effort from Traditional to Internet-Based Format.*

JOINT AACN/NONPF SURVEY In 1998, AACN and the National Organization of Nurse Practitioner Faculties (NONPF) embarked on an unprecedented agreement to jointly collect and own data on nurse practitioner (NP) educational programs, enrollment, and graduations. This compact between the two organizations has resulted in the creation of the most complete repository of data on NP education in the United States and a single data source to support health workforce planning and policy analysis.

In 2000 AACN and NONPF expanded their collaboration to include a survey of the current status of master's-level NP programs relative to earlier assessments conducted by each organization. A joint Survey of Master's-Level Nurse Practitioner Educational Programs was completed with the resulting report capturing the latest developments in NP curriculum. Specifically, this report of master's-level NP programs (1) categorizes type of programs and their characteristics; (2) analyzes programs by NP role preparation; (3) documents and quantifies course content areas included in core master's and clinical track (didactic and/or clinical practicum) curriculum content; (4) examines selected aspects of faculty workload associated with clinical supervision; and (5) summarizes the Web-based capacity of NP programs.

PARTNERING WITH EBI, INC. AACN entered into a new partnership this year with Educational Benchmarking, Inc. (EBI) to prepare and administer a new survey of undergraduate nursing students. The survey was designed to capture information about teaching effectiveness, clinical coursework, core knowledge and competencies, satisfaction with school and university services, classmates, facilities, curriculum structure, skills development, professional values, and information related directly to AACN's *Baccalaureate Essentials.*

During the 2000-2001 academic year, 57 AACN member schools participated in the first *Exit Survey of Graduating Baccalaureate Students* and found the comparative data to be very useful in support of assessment and continuous improvement efforts. Building on the success of the exit survey, AACN and EBI plan to conduct an alumni survey in the 2002 academic year in addition to expanding the exit survey to include a larger pool of nursing schools.

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Rewarding Innovations in Nursing Education

AACN administers two national award programs designed to reward and recognize innovation in health promotion and geriatric curriculum development.

SECRETARY'S AWARD The *Secretary's Award for Innovations in Health Promotion and Disease Prevention* recognizes creative strategies in health promotion advanced by students of nursing and other health professions. The program is sponsored by HRSA's Bureau of Health Professions in collaboration with the Federation of Associations of Schools of the Health Professions, and is coordinated by FASHP-member AACN. Association staff have consistently earned high marks for their administration of this awards program, and HRSA has awarded AACN the contract to administer this program for the next three years.

In June, three nursing students were among the recipients of this year's Secretary's Award. Robert Trim, a student at the University of Wisconsin-Madison School of Nursing, received the first place award in the single discipline category for his project to increase public awareness about organ and tissue donation. Leah Jorgenson at the University of Nebraska shared first-place honors in the interdisciplinary category for participating in a clinic that provides high quality primary care to uninsured and underinsured individuals. Tiffany J. Stewart at Auburn University School of Nursing shared third-place honors in the interdisciplinary category for designing an activity book to increase interest in health professions among African-American children. The application for the 2002 awards is now available on AACN's Web site at http://www.aacn.nche.edu/Education.

AACN/HARTFORD AWARD The *Awards for Exceptional Baccalaureate Curriculum in Gerontologic Nursing* is a collaborative effort between AACN and The John A. Hartford Foundation Institute for Geriatric Nursing. Now in its third year, this national awards program was created to recognize model baccalaureate programs in nursing with a strong focus on gerontological nursing. Awards are presented to nursing programs that exhibit exceptional, substantive, and innovative baccalaureate curriculum in gerontology. Beyond innovation, programs must also demonstrate relevance in the clinical environment and have the ability to be replicated at schools across the country.

The following winners of this award for the year 2000 were announced at the Fall Semiannual Meeting in October: The Pennsylvania State University School of Nursing, first place; the University of Nebraska Medical Center College of Nursing, second place; Sacred Heart University Nursing Programs and Physical Therapy Program in Fairfield, CT, honorable mention; and the Department of Nursing at Winston-Salem State University School of Health Sciences in North Carolina, honorable mention.

Curricula innovations of all winners are posted on Hartford's Web site at http://www.hartfordign.org.

2001 HONOREES In other awards activity, AACN bestowed the following honors this year:

- Linda Amos, associate vice president for Health Sciences at the University of Utah, received AACN's ninth Sister Bernadette Arminger Award. This award is bestowed biennially upon an individual who has made outstanding contributions to the association, nursing education, and the advancement of the nursing profession.
- Mary Wakefield, professor and director of the Center for Health Policy at George Mason University, received the sixth John P. McGovern Lectureship Award
- Emeritus Membership status was granted to Joyce Shoemaker, Medical College of Ohio; Vicki Lambert, Medical College of Georgia; Toni Sullivan, University of Missouri-Columbia
- Honorary Membership status was granted to Norma Lang, University of Pennsylvania, and Connie Vance, College of New Rochelle

Hosting Conferences and Meetings

AACN conferences and seminars give nurse educators personal contact with key decision makers in health care, higher education, and government. Association meetings offer a stimulating source of continuing education and professional development that builds leadership and administrative skill.

Eleven meetings were offered July 2000-June 2001 including the Summer Seminar, Fall and Spring Executive Development Series, Fall Semiannual Meeting, Baccalaureate Education Conference, Master's Education Conference, Doctoral Conference, Faculty Practice Conference, Spring Annual Meeting, Business Officers Meeting, and Development Officers Meeting.

This year AACN and Sigma Theta Tau International have agreed to serve as the lead cosponsors for the next State of the Science Congress coming to Washington, D.C. on September 25-28, 2002. Sponsored by a coalition of 22 nursing organizations, the Congress provides a national forum to communicate emerging scientific discoveries related to nursing practice and creates a platform to influence the nursing research agenda of the future. Joan Shaver, University of Illinois at Chicago College of Nursing, serves as the planning committee co-chair for AACN.

Recognizing CCNE's Accrediting Authority

The Commission on Collegiate Nursing Education (CCNE) is the autonomous accrediting arm of AACN charged with ensuring the quality and integrity of baccalaureate and graduate nursing education programs. CCNE has accredited 331 baccalaureate and master's degree programs at 207 colleges and universities. Nursing programs at an additional 200 institutions are scheduled for accreditation review by CCNE.

THE ALLIANCE FOR NURSING ACCREDITATION The Alliance for Nursing Accreditation is comprised of AACN, CCNE and 10 other organizations providing specialized accreditation and/or certification services. In October, the Alliance reached a significant milestone by accepting a white paper developed by the Alliance's task force, the Consortium for Quality Nurse Practitioner Education, which recommends that specific nurse practitioner educational program evaluation be integrated into existing accreditation processes. The goal of this task force is to collaborate with existing accrediting agencies to develop a pilot study to assess the feasibility of utilizing the *Criteria for Evaluation of Nurse Practitioner Programs* within the existing accreditation structures. Adoption of this recommendation rather than the two alternative possibilities — the creation of a new accreditation program or reconfiguration of the current women's health accreditation program to encompass all nurse practitioner specialties — validates the value and importance of developing the Alliance as a mechanism to encourage collaboration in accreditation.

RECOGNIZING CCNE'S AUTHORITY The National Advisory Committee on Institutional Quality and Integrity, a panel of the U.S. Department of Education, voted in May to recommend that the Secretary of Education accept the interim report submitted by CCNE. The Advisory Committee concluded that CCNE is in full compliance with the Secretary's Criteria for Recognition of Accrediting Agencies. No remaining issues or problems were cited.

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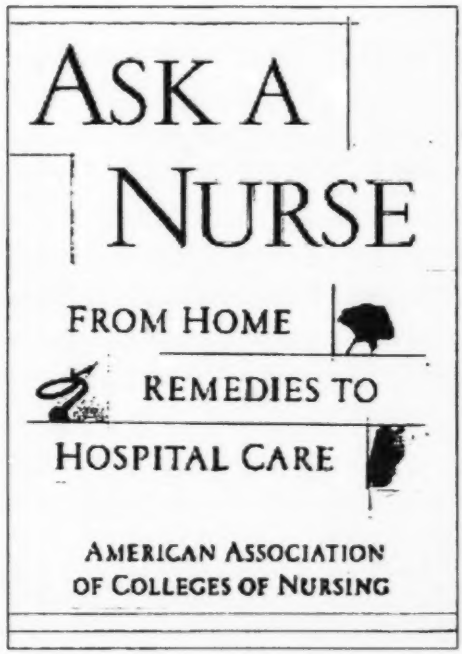
Communicating AACN's Mission

AACN's publications convey the latest developments in collegiate nursing education and bring the association's mission and message before the larger nursing community.

ASK A NURSE PUBLISHED The culmination of a three-year process, AACN is pleased to report that the book *Ask a Nurse: From Home Remedies to Hospital Care* has been published by Simon & Schuster and is available at national bookstore chains and through Amazon.com. This practical guide was truly a collaborative effort between AACN, The People's Medical Society, and hundreds of nurses and member deans who provided their subject matter expertise. With an emphasis on self-care, *Ask a Nurse* is a practical, authoritative reference on home remedies, over-the-counter medications, and hospital care for over 50 common ailments, with special sections on addictions, emergency first aid, consumer rights, home medical kits, and men's, women's and children's health issues.



Initial reports from Simon & Schuster point to strong sales, and the book will be printed in paperback in March 2002. Members are encouraged to look for ways to use this comprehensive text to advance student education.

Among the other publications currently active in AACN's catalog are the following:

- *The Journal of Professional Nursing* is the association's bimonthly publication that features scholarly articles examining nursing education, practice, cultural diversity, research, and public policy.
- *SYLLABUS* is a bimonthly newsletter designed to keep members and nonmembers updated on key legislation and regulatory programs, and provide news on funding opportunities.
- *The Essentials of Baccalaureate Education for Professional Nursing Practice*, a revision of the landmark publication first published in 1986, establishes a standardized core curriculum for APNs and all other registered nurses who are prepared at the baccalaureate degree level.
- *Peterson's Guide to Nursing Programs*, 7th edition, provides the general public with a comprehensive, concise directory of four-year and graduate programs in nursing in the United States and Canada.
- New monographs published this year include the *State of the Master's Essentials: Curricular Design for the Millennium* (Proceedings of the 2000 Master's Conference); *Faculty Practice: Essential or Extraneous to the Mission* (Proceedings of the 2000 Faculty Practice Conference), and *Envisioning Doctoral Education for the Future* (Proceedings from the 2001 Doctoral Conference).

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EMAIL NEWSLETTER LAUNCHED *AACN News Watch*, the association's newest communication vehicle, provides AACN members with timely reports on the array of activities in which the association's Board of Directors, members, and staff participate. This monthly e-mail advisory covers the association's new initiatives, political advocacy, publications, conferences, collaborations, and other activities to advance nursing education. Those interested in receiving this newsletter may subscribe by sending an email to newswatch@aacn.nche.edu.

AACN IN THE NEWS From July 2000 through June 2001, AACN received widespread coverage in the general and trade media in conjunction with the emerging nursing shortage and was featured in stories on the need for nursing school faculty, nursing education and professional practice, enrollment trends, and career horizons in nursing. This year, the association has been referenced in three articles prepared by the *New York Times*, two articles by the *Chicago Tribune*, two articles for the *Boston Globe*, a special section of the *Washington Post*, and a headline article in *London's Financial Times*.

From April to June 2001, AACN was mentioned in national and regional newspapers serving 42 states and the District of Columbia. Articles referencing the association were picked up by national news wires including the Associated Press and Reuters News Service. Among the trade journals and nursing press featuring AACN data and initiatives were *Nurse Week*, *Nursing Spectrum*, *Nursing Outlook*, *Nursing and Health Care Perspectives*, *BNA's Health Policy Report*, *Modern Healthcare*, and *Legislative Network for Nurses*.

"The stability of the complex systems of care in the U.S. depends upon an available supply of well-educated nursing personnel, with clearly defined roles that are sanctioned through a system of licensure and certification. These nurses must also have work environments that value the specific contributions of nurses to high-quality health care delivery. These concerns affect the health care system overall and the public at large and present a major challenge to all policy makers concerned about the future of health care delivery."

Geraldine Bednash, AACN Executive Director
From her article, "The Decreasing Supply of Registered Nurses: Inevitable Future or Call to Action?", *Journal of the American Medical Association*, June 14, 2000

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Independent Auditors' Report

To the Board of Directors
American Association of Colleges of Nursing
Washington, D.C.

We have audited the accompanying statement of financial position of the American Association of Colleges of Nursing (AACN) as of June 30, 2001, and the related statements of activities and change in net assets, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of AACN's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from AACN's June 30, 2000 financial statements which were audited by other auditors, whose report dated August 30, 2000 expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the American Association of Colleges of Nursing as of June 30, 2001, and its change in net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

August 24, 2001

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STATEMENT OF FINANCIAL POSITION AS OF JUNE 30, 2001 WITH SUMMARIZED FINANCIAL INFORMATION FOR 2000

ASSETS

	2001			2000
	AACN	CCNE (Note 2)	Total	Total
CURRENT ASSETS				
Cash and cash equivalents	$317,502	$260,168	$577,670	$713,648
Investments (Note 3)	3,318,501	300,000	3,618,501	3,818,900
Grants receivable (Note 4)	3,091,056	–	3,091,056	229,844
Accounts receivable	40,967	53,307	94,274	51,378
Accrued interest receivable	11,158	6,575	17,733	25,937
Due to/from AACN	(14,781)	14,781	–	–
Prepaid expenses	57,328	14,189	71,517	55,871
Total current assets	6,821,731	649,020	7,470,751	4,895,578
FURNITURE, EQUIPMENT AND LEASEHOLD IMPROVEMENTS				
Furniture, fixtures and equipment	373,460	115,577	489,037	427,100
Leasehold improvements	134,309	58,984	193,293	138,430
	507,769	174,561	682,330	565,530
Less: Accumulated deprecation and Amortization	(266,741)	(67,944)	(334,685)	(261,041)
Net furniture, equipment and leasehold improvements	241,028	106,617	347,645	304,489
OTHER ASSETS				
Long term grants receivable (Note 4)	2,235,368	–	2,235,368	–
TOTAL ASSETS	**$9,298,127**	**$755,637**	**$10,053,764**	**$5,200,067**

LIABILITIES AND NET ASSETS

	2001			2000
	AACN	CCNE (Note 2)	Total	Total
CURRENT LIABILITIES				
Accounts payable	$181,050	$22,274	$203,324	$108,866
Accrued vacation	71,504	12,500	84,004	70,137
Deferred revenue:				
Dues	602,040	–	602,040	532,749
Meetings	41,906	–	41,906	23,167
Accreditation	–	214,600	214,600	210,171
Royalties	19,998	–	19,998	13,332
Total current liabilities	916,498	249,374	1,165,872	958,422
NET ASSETS				
Unrestricted	2,323,279	506,263	2,829,542	2,787,037
Temporarily restricted (Note 5)	5,979,350	–	5,979,350	1,400,608
Permanently restricted	79,000	–	79,000	54,000
Total net assets	8,381,629	506,263	8,887,892	4,241,645
TOTAL LIABILITIES AND NET ASSETS	**$9,298,127**	**$755,637**	**$10,053,764**	**$5,200,067**

EXHIBIT A

See accompanying notes to financial statements.

STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2001 WITH SUMMARIZED FINANCIAL INFORMATION FOR 2000

	2001						2000
	Unrestricted						
	AACN	CCNE (Note 2)	Total	AACN Temporarily Restricted	AACN Permanently Restricted	Total	Total
SUPPORT AND REVENUE							
Grants	$ –	$ –	$ –	$6,056,352	$ –	$6,056,352	$1,736,372
Contributions	–	–	–	–	25,000	25,000	12,500
Membership dues	1,347,134	–	1,347,134	–	–	1,347,134	1,257,488
Registration fees	668,631	13,600	682,231	–	–	682,231	570,108
Publication sales	164,294	–	164,294	–	–	164,294	136,970
Investment income	(44,280)	29,282	(14,998)	60,689	–	45,691	350,409
Annual fees	–	625,300	625,300	–	–	625,300	618,200
Application fees	–	95,500	95,500	–	–	95,500	82,750
Miscellaneous	3,692	1,326	5,018	–	–	5,018	76,277
Net assets released from restriction - satisfaction of donor restriction (Note 5)	1,538,299	–	1,538,299	(1,538,299)	–	–	–
Total support and revenue	3,677,770	765,008	4,442,778	4,578,742	25,000	9,046,520	4,841,074
EXPENSES							
Program Services:							
Regional Collaborative (CIC)	567,476	–	567,476	–	–	567,476	594,548
End of Life Projects	782,868	–	782,868	–	–	782,868	–
Gerontology/Geriatric Projects	12,245	–	12,245	–	–	12,245	161,602
Curriculum/ Awards Projects	171,372	–	171,372	–	–	171,372	48,047
Research	260,509	–	260,509	–	–	260,509	–
Education Policy	144,012	–	144,012	–	–	144,012	375,753
Governmental Affairs/Lobbying	281,929	–	281,929	–	–	281,929	300,149
Public Affairs	199,811	–	199,811	–	–	199,811	192,595
Publications	179,135	–	179,135	–	–	179,135	151,035
Meetings	544,826	–	544,826	–	–	544,826	425,340
Accreditation	–	628,928	628,928	–	–	628,928	613,642
Total program services	3,144,183	628,928	3,773,111	–	–	3,773,111	2,862,711
General and Administration	535,287	91,875	627,162	–	–	627,162	668,967
Total expenses	3,679,470	720,803	4,400,273	–	–	4,400,273	3,531,678
Change in net assets	(1,700)	44,205	42,505	4,578,742	25,000	4,646,247	1,309,396
Net assets, beginning of year	2,324,979	462,058	2,787,037	1,400,608	54,000	4,241,645	2,932,249
NET ASSETS, END OF YEAR	**$2,323,279**	**$506,263**	**$2,829,542**	**$ 5,979,350**	**$79,000**	**$8,887,892**	**$4,241,645**

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EXHIBIT B

See accompanying notes to financial statements.

STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2001 WITH SUMMARIZED FINANCIAL INFORMATION FOR 2000

	Regional Collaborative (CIC)	End of Life Projects	Gerontology/ Geriatric Projects	Curriculum/ Awards Projects	Research	Education Policy	Govt Affairs/ Lobbying
Salaries	$141,937	$139,013	$2,355	$45,847	$163,141	$106,138	$145,352
Fringe benefits (Note 6)	35,168	32,353	565	10,898	41,023	27,058	36,275
Consulting	172,312	53,979	–	11,800	9,050	50	29,688
Telephone	12,438	3,454	499	2,599	2,584	641	1,891
Travel	83,673	129,994	–	15,845	2,409	2,657	3,530
Board of Directors and Committees	30,250	44,250	–	3,782	–	–	255
Printing	6,652	1,720	5,764	15,942	15,029	–	–
Conference support	–	–	–	–	–	–	–
Meetings	25,137	240,141	1,797	26,300	2,780	–	1,350
Honoraria	–	–	–	–	–	–	–
Repairs and maintenance	316	–	–	–	–	–	–
Rent	–	–	–	–	14,604	11,608	11,749
Accounting fees	–	–	–	–	–	–	–
Supplies	5,560	2,674	–	2,344	1,126	316	1,281
Postage and duplication	6,515	7,906	1,265	12,617	8,275	1,852	2,445
Depreciation and amortization	–	–	–	–	–	–	–
Subscription cost to members	–	–	–	–	–	–	–
Public relations	–	–	–	–	–	–	100
Insurance	–	–	–	–	–	–	–
Evaluator training	–	–	–	–	–	–	–
Continuing education	15,010	–	–	–	–	–	–
Legislative affairs	–	–	–	–	–	–	43,421
Dues and subscriptions	290	–	–	–	488	175	4,592
Miscellaneous	5,568	6,941	–	5,404	–	–	–
Subcontracts	–	76,111	–	–	–	–	–
Grants and contracts overhead	26,650	44,332	–	17,994	–	(6,483)	–
	$567,476	**$782,868**	**$12,245**	**$171,372**	**$260,509**	**$144,012**	**$281,929**

(Continued on Page 26)

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EXHIBIT C

See accompanying notes to financial statements.

STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2001 WITH SUMMARIZED FINANCIAL INFORMATION FOR 2000 (Continued)

	Public Affairs	Publications	Meetings	Accreditation	General and Admin	2001 Total	2000 Total
Salaries	$104,339	$91,325	$154,530	$263,339	$283,620	$1,640,936	$1,458,532
Fringe benefits (Note 6)	24,724	23,041	39,277	53,878	32,935	357,195	307,631
Consulting	5,787	–	15,860	20,407	23,517	342,450	262,066
Telephone	754	411	4,229	6,530	13,025	49,055	39,752
Travel	1,141	1,684	52,507	18,502	58,098	370,040	227,936
Board of Directors and Committees	–	–	1,494	74,713	58,289	213,033	170,193
Printing	24,861	23,492	17,014	22,129	1,269	133,872	103,358
Conference support	11,614	–	–	–	–	11,614	12,209
Meetings	328	–	206,918	–	1,301	506,052	197,790
Honoraria	–	5,000	–	–	–	5,000	5,000
Repairs and maintenance	–	–	–	1,827	10,173	12,316	13,421
Rent	9,999	8,089	15,136	25,668	25,504	122,357	116,445
Accounting fees	–	–	–	4,048	5,962	10,010	11,925
Supplies	470	614	8,802	8,802	31,063	63,052	56,592
Postage and duplication	13,251	3,476	26,711	20,895	17,484	122,692	113,744
Depreciation and amortization	–	–	–	23,570	60,195	83,765	66,838
Subscription cost to members	–	21,963	–	–	–	21,963	22,631
Public relations	–	–	–	–	18,051	18,151	9,958
Insurance	–	–	–	8,799	8,724	17,523	14,277
Evaluator training	–	–	–	56,034	–	56,034	114,892
Continuing education	–	–	–	55	6,197	21,262	34,160
Legislative affairs	–	–	–	–	–	43,421	57,067
Dues and subscriptions	1,222	–	–	10,898	10,501	28,166	18,546
Miscellaneous	2,169	56	2,348	8,834	42,883	74,203	96,715
Subcontracts	–	–	–	–	–	76,111	–
Grants and contracts overhead	(848)	(16)	–	–	(81,629)	–	–
	$199,811	**$179,135**	**$544,826**	**$628,928**	**$627,162**	**$4,400,273**	**$3,531,678**

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EXHIBIT C (CONTINUED)
See accompanying notes to financial statements.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED JUNE 30, 2001 WITH SUMMARIZED FINANCIAL INFORMATION FOR 2000

	2001	2000
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 4,646,247	$ 1,309,396
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Unrealized loss (gain) on investments	308,982	(142,062)
Realized (gain) on sale of investments	(20,634)	(6,801)
Depreciation and amortization	83,765	66,838
Loss on disposal of assets	-	11,853
(Increase) decrease in:		
Grants receivable	(5,096,580)	(10,857)
Accounts receivable	(42,896)	15,367
Accrued interest receivable	8,204	(18,453)
Prepaid expenses	(15,646)	(15,747)
Increase (decrease) in:		
Accounts payable	94,458	4,810
Accrued vacation	13,867	6,317
Deferred dues	69,291	(240,646)
Deferred meetings	18,739	7,944
Deferred accreditation	4,429	167,369
Deferred royalties	6,666	13,332
Net cash provided by operating activities	78,892	1,168,660
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of furniture, equipment and leasehold improvements	(126,921)	(61,671)
Purchase of investments	(1,640,020)	(3,021,046)
Proceeds from sale of investments	1,552,071	1,619,199
Net cash used by investing activities	(214,870)	(1,463,518)
Net decrease in cash and cash equivalents	(135,978)	(294,858)
Cash and cash equivalents at beginning of year	713,648	1,008,506
CASH AND CASH EQUIVALENTS AT END OF YEAR	**$577,670**	**$713,648**

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2001

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

The American Association of Colleges of Nursing (AACN) was formed in 1969 as a non-profit organization to establish quality standards for bachelor's and graduate degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate education, research, and practice in nursing.

Basis of presentation

The accompanying financial statements have been prepared on the accrual basis of accounting, and in accordance with Statements of Financial Accounting Standard No. 117, "Financial Statements of Not-for-Profit Organizations.".

Net assets

Unrestricted net assets include unrestricted revenue and contributions received without donor imposed restrictions. These net assets are available for operations.

Temporarily restricted net assets includes gifts of cash and other assets with donor stipulations that limit the use of the donated assets. When a donor restriction expires (a stipulated time restriction ends or the purpose of the restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities and Change in Net Assets as net assets released from restrictions.

Permanently restricted net assets represents funds that are to be invested in-perpetuity with the investment income used for general support of AACN. Permanently restricted net assets at June 30, 2001 were $79,000.

Contributions and grants

Contributions and grants are recorded as revenue in the year notification is received from the donor. Contributions and grants are recognized as unrestricted support only to the extent of actual expenses incurred in compliance with

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the donor imposed restrictions. Contributions and grants received in excess of expenses incurred are shown as temporarily restricted net assets in the accompanying financial statements.

Revenue
Membership dues are recognized as revenue on a pro rata basis over the term of the membership period. Interest income is recognized when earned. Application and annual fees from the accreditation program received in advance are included in deferred revenue.

Investments
Investments are carried at market value. Realized and unrealized gains or losses are included in investment income in the Statement of Activities and Change in Net Assets.

Cash and cash equivalents
Cash and cash equivalents include cash on hand and other highly liquid instruments with maturities of less than three months.

Concentration of credit risk
At times during the year, AACN maintains cash balances at financial institutions in excess of the Federal Deposit Insurance Corporation (FDIC) limits. Management believes the risk in these situations to be minimal.

Furniture, equipment and leasehold improvements
Furniture and equipment are stated at cost. Furniture and equipment are depreciated on a straight-line basis over the estimated useful lives of the related assets, generally three to five years. Leasehold improvements are being amortized over the lesser of their estimated useful life or the lease period.

Income taxes
AACN is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements. AACN is not a private foundation.

Functional allocation of expenses
The costs of providing the various programs and other activities have been summarized on a functional basis in the Statement of Activities and Change in Net Assets. Accordingly, certain costs have been allocated between the program and supporting services benefited.

Use of estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassifications
Certain items from the prior year have been reclassified to conform to the current year's presentation.

2. COMMISSION ON COLLEGIATE NURSING EDUCATION (CCNE)

CCNE was established in 1996 as an autonomous arm of AACN to have the sole purpose of accrediting baccalaureate and graduate nursing education programs. AACN shares its premises and administrative personnel with CCNE. Costs are allocated between the two organizations and are based on actual expenditures or a percentage of salaries.

3. INVESTMENTS

Investments as of June 30, 2001 are comprised of the following:

	Cost	Market
AACN:		
Mutual funds	$2,041,223	$2,042,501
Certificates of deposit	1,276,000	1,276,000
	3,317,223	3,318,501
CCNE:		
Certificates of deposit	300,000	300,000
TOTAL INVESTMENTS	**$3,617,233**	**$3,618,501**

Included in investment income on the Statement of Activities and Change in Net Assets are an unrealized loss of $308,982 and a realized gain of $20,634.

4. GRANTS RECEIVABLE

All grants receivable are considered to be collectible within one year unless otherwise stated by the donor. Grants, which will not be collected within one year, have been discounted using a current interest rate of 7.5% at June 30, 2001.

Following is summary by years of grants receivable as of June 30,:

2002	$3,091,056
2003	1,113,552
2004	1,121,816
	5,326,424
Less: Amounts receivable within one year	3,091,056
TOTAL NONCURRENT GRANTS RECEIVABLE	**$2,235,368**

5. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes at June 30, 2001:

Regional Collaborative (CIC)	$572,451
End of Life Projects	1,778,508
Gerontology/Geriatric Projects	3,441,158
Curriculum /Awards Projects	176,908
Bonus Program	10,325
	$5,979,350

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes for the year ended June 30, 2001 as follows:

Regional Collaborative (CIC)	$567,476
End of Life Projects	782,868
Gerontology/Geriatric Projects	12,245
Curriculum/Awards Project	171,372
Other	4,338
	$1,538,299

6. RETIREMENT PLAN

AACN maintains a defined contribution retirement plan covering all employees who have completed one year of service and have reached the age of 21. Contributions to the plan are applied to individual annuities issued to each participant by Teachers Insurance and Annuity Association (TIAA) and/or College Retirement Equities Fund (CREF). Participants contribute 5% of covered compensation; AACN contributes 10% of covered compensation. Retirement plan expense for the year ended June 30, 2001 was $135,551.

7. OPERATING LEASES

AACN leases office space under a noncancellable-operating lease, which commenced July 1, 1997. The lease provides for base rent with annual adjustments for increases in operating expenses. Minimum lease payments are as follows for the year ended June 30:

2002	$116,448
2003	123,858
2004	123,858
2005	123,858
2006	123,858
2007	123,858
	$735,738

Governance and Organization

AACN is governed by an 11-member Board of Directors, each of whom represents a member institution. The Board consists of four officers and seven members-at-large, all elected by the membership for a two-year term.

Some members-at-large are designated by the president to serve two-year terms as chairs of standing committees, which include Finance, Governmental Affairs, Membership, and Program. The elected treasurer chairs the Finance Committee. The Nominating Committee is elected for a one-year term. The Board appoints task forces as issues arise that require study and action.

COMMITTEES

Listings of all governance panels are as of June 30, 2001.

Finance Committee
Madeline Wake (Chair), Marquette University; **Martha Lavender**, Jacksonville State University; **Roberta Olson**, South Dakota State University; **Elisabeth Pennington**, University of Massachusetts – Dartmouth; **Patricia Wahl**, San Diego State University

Governmental Affairs Committee
Pamela Watson (Chair), University of Texas Medical Branch; **Virginia Adams**, University of North Carolina-Wilmington; **Hurdis Griffith**, Rutgers, The State University of New Jersey; **Rosanne Harrigan**, University of Hawaii at Manoa; **Betty Rambur**, University of Vermont; **Linda Samson**, Clayton College and State University; **Kathleen Thies**, Colby-Sawyer College; **Nancy Fugate Woods**, University of Washington

Membership Committee
Cynthia Flynn Capers (Chair), University of Akron; **Harriet Feldman**, Pace University; **Gloria Gelfand**, Molloy College; **Ann Harley**, Carson-Newman College; **Margaret Lewis**, Florida A&M University; **Terry Misener**, University of Portland

Dean Mentoring Subcommittee
Harriet Feldman (Chair), Pace University; **Nancy DeBasio**, Research College of Nursing; **Mary Ella Graham**, SUNY Downstate Medical Center; **Roberta Olson** (consultant), South Dakota State University

Nominating Committee
Pamela Hammond, (Convener), Hampton University; **John Lantz**, University of San Francisco; **Nancy DeBasio**, Research College of Nursing

Program Committee
Lea Acord (Chair), Montana State University; **Joan Creasia**, University of Tennessee-Knoxville; **Nancy DeBasio**, Research College of Nursing; **Melanie Dreher**, University of Iowa; **Jane Kirschling**, University of Southern Maine; **Mary Mundt**, University of Louisville; **Marilyn Rothert**, Michigan State University

Baccalaureate Education Conference Subcommittee
Mary Mundt (Chair), University of Louisville; **Cynthia Crabtree**, Spalding University; **Pamela Hammond**, Hampton University; **Rose Liegler**, Azusa Pacific University; **Lynne Pearcey**, University of North Carolina-Greensboro; **Heidi Taylor**, West Texas A&M University

Doctoral Conference Subcommittee
Melanie Dreher (Chair), University of Iowa; **Linda Cronenwett**, University of North Carolina-Chapel Hill; **Mary de Chesnay**, Duquesne University; **Kathleen Potempa**, Oregon Health and Science University; **Richard Redman**, University of North Carolina–Chapel Hill

Executive Development Series Subcommittee
Joan Creasia (Chair), University of Tennessee-Knoxville; **Patricia Castiglia**, University of Texas-El Paso; **Jerry Durham**, University of Missouri-St. Louis; **Maria Rosa**, Universidad de Puerto Rico; **Juliann Sebastian**, University of Kentucky; **Cesarina Thompson**, Southern Connecticut State University

Faculty Practice Conference Subcommittee
Marilyn Rothert (Chair), Michigan State University; **Kathleen Dracup**, University of California-San Francisco; **Lois Evans**, University of Pennsylvania; **Sally Lundeen**, University of Wisconsin-Milwaukee; **Tom Mackey**, University of Texas Health Science Center; **Nancy McNiel**, University of Texas Health Science Center

Master's Conference Subcommittee
Jane Kirschling (Chair), University of Southern Maine; **Patricia Burns**, University of South Florida; **Mary Champagne**, Duke University; **Mary Beth Hanner**, Excelsior College; **Carolina Huerta**, University of Texas-Pan American; **Dayle Joseph**, University of Rhode Island

Summer Seminar Subcommittee
Nancy DeBasio (Chair), Research College of Nursing; **Carole Anderson**, The Ohio State University; **Carole Cashion**, Ursuline College; **Angela McBride**, Indiana University; **Joan Shaver**, University of Illinois at Chicago; **Juanita Tate**, Wichita State University

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TASK FORCES

Task Force to Revise Quality Indicators for Doctoral Education
Sandra Edwardson (Chair), University of Minnesota; **Jane Kirschling**, University of Southern Maine; **Barbara Munro**, Boston College; **Ellen Rudy**, University of Pittsburgh; **Nancy Fugate Woods**, University of Washington

Task Force on Hallmarks of Professional Practice Setting
Karen Miller (Chair), University of Kansas Medical Center; **Rebecca Jones**, Texas A&M University-Corpus Christi; **Kathleen Potempa**, Oregon Health and Science University; **Diane Rendon**, Hunter College of CUNY; **Carol Bradley** (consultant); **Maureen McCausland**, University of Pennsylvania Health System

Task Force on Education and Regulation for Professional Nursing Practice
Kathleen A. Long (Chair), University of Florida; **Eileen Breslin**, University of Massachusetts-Amherst; **Dorothy Detlor**, Washington State University; **Mary Fenton**, University of Texas-Galveston; **Elizabeth Parato**, Marian College of Fond du Lac; **Dorothy Powell**, Howard University; **Marcia Stanhope** (faculty representative); **Carolyn Hutcherson** (consultant)

Task Force on Leadership Transition
Jeanette Lancaster (Chair), University of Virginia; **Carole Anderson**, The Ohio State University; **Linda Hodges**, University of Arkansas for Medical Sciences; **John Lantz**, University of San Francisco

JOURNAL OF PROFESSIONAL NURSING

Editor
Eleanor J. Sullivan, University of Kansas Medical Center

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Four officers of AACN and two appointed members: **Carolyn A. Williams**, University of Kentucky; **Kathleen A. Long**, University of Florida; **Madeline Wake**, Marquette University; **Jean Bartels**, Georgia Southern University; **Brenda Cherry**, University of Massachusetts-Boston, **Joan Hrubetz**, St. Louis University

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AFFILIATIONS

Deans of member schools, as well as AACN officers and staff, represent the association on a number of advisory councils, panels, agencies, committees, and other high profile initiatives within the nursing and higher education communities including:

Ad Hoc Group for Medical Research Funding Executive Committee
Debbie Campbell, AACN Staff

American Medical Association, Panel of Nurse Consultants
Kathleen A. Long, University of Florida

Association of Academic Health Centers, Health Professions Education Council
Geraldine Bednash, AACN Staff

Call to the Profession
Carolyn A. Williams, University of Kentucky; Geraldine Bednash, Anne Rhome, AACN Staff

Friends of the Division of Nursing
Dorothy Powell, Howard University

International Academy of Nurse Editors
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Interagency Conference on Nursing Statistics
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Jean Bartels, Georgia Southern University; Joan Stanley, AACN Staff

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Tufts Managed Care Institute
Geraldine Bednash, Joan Stanley, AACN Staff

Washington Higher Education Secretariat
Geraldine Bednash, AACN Staff

MEMBERSHIP

Institutional membership is open to any institution offering a baccalaureate or higher-degree nursing program that meets the following criteria:

- is legally authorized to grant the credential to which the program leads,
- is regionally accredited, and
- is approved by the state agency that has legal authority for educational programs in nursing (not applicable to nursing programs over which the state board of nursing has no jurisdiction).

The dean or other chief administrative nurse in the nursing program serves as institutional representative to AACN. Membership dues are $2,595 annually; the fiscal year runs from July 1- June 30. Other categories of membership are Emeritus, Honorary, and Honorary Associate, and are conferred to individuals at the discretion of the Board of Directors.

Individual Membership

Listing as of June 30, 2001

Emeritus Members

Last affiliation

Billye J. Brown, *University of Texas-Austin*
Luther Christman, *Rush University*
Thelma Cleveland, *Washington State University*
Anna B. Coles, *Howard University*
Marcia Curtis, *Medical University of South Carolina*
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Toni Sullivan, *University of Missouri-Columbia*
Luth Tenorio, *Seattle University*
Rosalee C. Yeaworth, *University of Nebraska Medical Center*

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January 30-February 2, 2002
Sundial Beach and Tennis Resort, Sanibel Island, FL

Master's Education Conference
February 21-23, 2002
Amelia Island Plantation, Amelia Island, FL

Helene Fuld Academic Leadership Program
March 21-23, 2002
Washington Monarch Hotel, Washington, DC
Selective application process

Development Officers Meeting
March 22-23, 2002
Washington Monarch Hotel, Washington, DC

Spring Annual Meeting
March 23-26, 2002
Washington Monarch Hotel, Washington, DC

Faculty Practice Conference
April 18-20, 2002
The Westin Michigan Avenue, Chicago, IL

Business Officers of Nursing Schools Annual Meeting
May 1-3, 2002
Sundial Beach and Tennis Resort, Sanibel Island, FL

Summer Seminar
July 21-24, 2002
Sonnenalp Resort, Vail, CO

State of the Science Congress
September 25-28, 2002
JW Marriott Hotel, Washington, DC

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October 25-26, 2002
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Fall Semiannual Meeting
October 26-29, 2002
Washington Monarch Hotel, Washington, DC

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